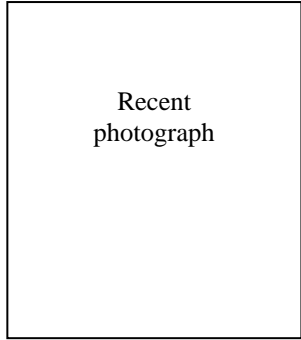


**INTERNATIONAL STUDENT APPLICATION**

**WILLIAM COLENZO COLLEGE**

**Arnold Street, Napier, New Zealand**  
**Phone: ++64 6 833 6752 Mobile: ++64 21 251 9890**  
**Email: robin.stewart@colenso.school.nz**



Recent  
photograph

Family Name: ..... Given Names: ..... M/F

Date of Birth: ..... Place of Birth: ..... Nationality: .....

Address: .....

..... Student's E-mail: .....

Name of Parents/Guardian: .....

Parents' address (If different from above): .....

.....

Parent's Phone: ..... Parent's Email: .....

What is your first language? ..... Other languages: .....

When do you wish to begin studying at William Colenso College? .....(month) .....(year)

How long do you plan to study at William Colenso College? ..... (months/terms/years)

What do you plan to do when you have completed your studies at William Colenso College?

- Return to your home country to complete high school
- Return to your home country to go to university
- Attend university in New Zealand
- Attend university in some other country. If so, where? .....
- Other (work, further education, etc.)  
.....

What subjects are you studying now?: .....

.....

At William Colenso College I would like to study these subjects: .....

.....

.....

What sports do you like to play? .....

What other things do you like to do?.....

Apart from study, what other things would you like to do while in New Zealand?: .....

.....

Please write in your own handwriting and in your own words why you want to study in New Zealand:

.....

.....

.....

.....

.....

.....

.....

**Your family**

	NAME	AGE	OCCUPATION	LIVING WITH
Father				YES NO
Mother				YES NO
Brothers/Sisters				YES NO
				YES NO
				YES NO
				YES NO
				YES NO
				YES NO

**Likes and Dislikes:**

Do you like young children? .....

Do you like animals? ..... What animals? .....

Are you allergic to any food? ..... What food? .....

Are there any foods that you do not like? ..... What foods? .....

Do you smoke? ..... ***(Note well: If you do smoke you must understand that it is illegal in New Zealand for those under 18 years old to purchase cigarettes. By applying to study at William Colenso College you must undertake not to smoke during the time you are enrolled at the school)***

**MEDICAL INFORMATION**

Collection of medical information is to ensure that William Colenso College has the information required to deal with medical issues which may arise. Non-disclosure of important medical information could cause harm to students or others, and may result in early termination of enrolment.

Do you have any medical conditions the school and homestay should know about (allergies, heart or breathing problems, diabetes, stroke, etc.)? YES NO If yes, please explain.

.....

.....

Do you take any medication? YES NO If yes, what medication and what is it for?

.....

Do you have any dietary requirements/exclusions we should know about? YES NO If yes, please explain.

.....

Please indicate on the table below which of these vaccinations you have had:

VACCINATION	YES	NO	DATE
Measles			
Mumps			
Rubella			
Polio			
Hepatitis B			
Tuberculosis			
Tetanus			
Diphtheria			
Pertussis Whooping Cough			
Human Papillomavirus HPV			
Pneumococcal Disease			
Other			

<p>Have you ever consulted a neurologist, psychologist or any other specialist for a nervous, emotional or eating disorder? YES NO</p> <p>If yes, please explain.</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
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**PARENT/GUARDIAN DISCLOSURE and SIGNATURE**

- In the event of an emergency arising where medical treatment, including surgery, is necessary, and reasonable efforts have been made to contact me have not been successful, I hereby authorise the Principal or person(s) designated for the pastoral care of international students act on my behalf for the purpose of authorising treatment.
- I give permission for my child to attend clinics with the school doctors/nurses and/or registered medical practitioners.
- I give permission for school staff and/or homestay parents to administer medication to my child as and when required/appropriate.

**Signatures**

Parent 1: ..... Date: .....

Parent 2: ..... Date: .....

Student: ..... Date: .....

***Please note: Signatures must be of parents/guardians and student – not that of an agent.***

